PRINTED: 6/29/2023 FORM APPROVED 2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395336		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 11/29/2022		
NAME OF PROVIDER OR SUPPLIER:  QUARRYVILLE PRESBYTERIAN RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE: 625 ROBERT FULTON HIGHWAY					
COMMUNITY			QUARRYVILLE, PA 17566					
STATE LICENSE NUMBER: 170102								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT			F 0000				
	Based on a follow-up survey completed on							
	November 29, 2022, it was determined that							
	Quarryville Presbyterian Retirement Community							
	corrected all the deficiencies cited during the							
	Medicare/Medicaid Recertification, State Licensure							
	and Civil Rights Compliance survey of September 9,							
	2022, under the require							
	Subpart B, Requirement	•						
	the 28 PA Code, Comr	•						
	Long Term Care Licen	•	•					
	relate to the Health por	nuon or me survey pr	locess.					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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## **Certified End Page**

## QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

STATE LICENSE NUMBER: 170102 SURVEY EXIT DATE: 11/29/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY